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PTO/SB/01A (10-01)
Approved for use through 10/31/2002. OMB 0651 -0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Approved to respond to collection of information unless it disp lays a valid OMB control number

## DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN APPLICATION DATA SHEET (37 CFR 1.76)

| Title of Invention                                                                                                                                                                                                                                                                                                                                                                                        | FABRICATED RESIN PRODUCTS FOR LASER WELDING AND INCLUDING TRANSMITTING AND ABSORBING BLACK COLORANTS, AND COLORED RESIN COMPOSITIONS THEREOF |  |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| As the below named inventor(s), I/we declare that:                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                              |  |  |  |  |
| •                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                              |  |  |  |  |
| This declaration is directed to:                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                              |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                           | ☐ The attached application, or                                                                                                               |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                           | Application No. 10/053,129, filed on November 13, 2001,                                                                                      |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                           | as amended on (if applicable);                                                                                                               |  |  |  |  |
| I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;                                                                                                                                                                                                                                                                 |                                                                                                                                              |  |  |  |  |
| I/we have reviewed and understand the contents of the above identified application, including the claims, as amended by any amendment specifically referred to above;                                                                                                                                                                                                                                     |                                                                                                                                              |  |  |  |  |
| I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including material information which became available between the filing date of the prior application and the National or PCT International filing date of the continuation-in-part application, if applicable; and     |                                                                                                                                              |  |  |  |  |
| All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon. |                                                                                                                                              |  |  |  |  |
| FULL NAME OF IN                                                                                                                                                                                                                                                                                                                                                                                           | IVENTOR(S)                                                                                                                                   |  |  |  |  |
| Inventor one:                                                                                                                                                                                                                                                                                                                                                                                             | Reiko Koshida                                                                                                                                |  |  |  |  |
| Signature:                                                                                                                                                                                                                                                                                                                                                                                                | Rejer Kosn - — Citizen of: Japan                                                                                                             |  |  |  |  |
| Inventor two:                                                                                                                                                                                                                                                                                                                                                                                             | Yoshiteru Hatase                                                                                                                             |  |  |  |  |
| Signature:                                                                                                                                                                                                                                                                                                                                                                                                | Joshitem Hatasl Citizen of: Japan                                                                                                            |  |  |  |  |
| Inventor three:                                                                                                                                                                                                                                                                                                                                                                                           | Ryuichi Hayashi                                                                                                                              |  |  |  |  |
| Signature:                                                                                                                                                                                                                                                                                                                                                                                                | Ry-Liffeyandon Citizen of: Japan                                                                                                             |  |  |  |  |
| Inventor four:                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                              |  |  |  |  |
| Signature:                                                                                                                                                                                                                                                                                                                                                                                                | Citizen of:                                                                                                                                  |  |  |  |  |
| ☐ Additional inve                                                                                                                                                                                                                                                                                                                                                                                         | entors are being named on additional form(s) attached hereto.                                                                                |  |  |  |  |



| Please type a plus sign (4) inside this box Under the Paperwork Reduction Act of                             | U.S. F<br>f 1995, no persons are required to a co             | PTO/SB/81/<br>Approved for use through 10/31/2002. OMB 065<br>Patent and Trademark Office; U.S. DEPARTMENT OF COM<br>collection of information unless it display a valid OMB control | 51-0035<br>MERCE |  |  |
|--------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|--|--|
| MAY 2 2 2002                                                                                                 | Application Number                                            | 10/053,129                                                                                                                                                                           |                  |  |  |
| MAY 2 2 200                                                                                                  | Filing Date                                                   | November 13, 2001                                                                                                                                                                    |                  |  |  |
| An well                                                                                                      | First Named Inventor                                          | YOSHITERU HATASE ET. AL.                                                                                                                                                             |                  |  |  |
| POWER OF ATTORNEY OR AUTHORIZATION OF AGENT                                                                  | Title                                                         | FABRICATED RESIN PRODUCTS FOI<br>LASER WELDING AND INCLUDING<br>TRANSMITTING AND ABSORBING BL                                                                                        |                  |  |  |
|                                                                                                              | Group Art Unit                                                | 1725                                                                                                                                                                                 |                  |  |  |
|                                                                                                              | Examiner Name                                                 | UNKNOWN                                                                                                                                                                              |                  |  |  |
|                                                                                                              | Attorney Docket Number                                        | er AD 6761 US NA                                                                                                                                                                     |                  |  |  |
|                                                                                                              |                                                               |                                                                                                                                                                                      |                  |  |  |
| I hereby appoint:  Practitioners at Customer Number  OR  Practitioners at Customer Number                    | 23906                                                         | 23906 PATENT TRADEMARK OFFICE                                                                                                                                                        |                  |  |  |
| Name                                                                                                         |                                                               | Registration Number                                                                                                                                                                  |                  |  |  |
| William H. +                                                                                                 |                                                               | 31,521                                                                                                                                                                               |                  |  |  |
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|                                                                                                              |                                                               |                                                                                                                                                                                      |                  |  |  |
| as my/our attorney(s) or agent(s) to prose<br>the United States Patent and Trademark                         | ecute the application identication of the connected therewith | ntified above, and to transact all business ith.                                                                                                                                     | in               |  |  |
| Please change the correspondence add  The above-mentioned Customer Num  OR  Practitioners at Customer Number |                                                               | ified application to:                                                                                                                                                                |                  |  |  |
| OR                                                                                                           |                                                               | (Insert Bar Code Label Here                                                                                                                                                          | )                |  |  |
| Firm or Individual Name                                                                                      |                                                               |                                                                                                                                                                                      |                  |  |  |
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| City                                                                                                         | Stat                                                          | ate Zip                                                                                                                                                                              |                  |  |  |
| Country                                                                                                      |                                                               |                                                                                                                                                                                      |                  |  |  |
| Telephone                                                                                                    | Fax                                                           | ax                                                                                                                                                                                   |                  |  |  |
| I am the:                                                                                                    |                                                               |                                                                                                                                                                                      |                  |  |  |
| Applicant/Inventor.                                                                                          |                                                               |                                                                                                                                                                                      |                  |  |  |
| Assignee of record of the entire into Statement under 37 CFR 3.73(b) is                                      | erest. See 37 CFR 3.71                                        | RIOS)                                                                                                                                                                                |                  |  |  |
|                                                                                                              |                                                               |                                                                                                                                                                                      |                  |  |  |
| SIGNATURE of Applicant or Assignee of Record  Name Yoshiteru Hatase                                          |                                                               |                                                                                                                                                                                      |                  |  |  |
| Signature Yoshiteru Hatase                                                                                   |                                                               |                                                                                                                                                                                      |                  |  |  |
| Date April 11, 2002                                                                                          |                                                               |                                                                                                                                                                                      |                  |  |  |
| NOTE: Signatures of all the inventors or assignees of remore than one signature is required, see below*.     |                                                               |                                                                                                                                                                                      | ms if            |  |  |
| *Total offorms are submitted.                                                                                | ····                                                          |                                                                                                                                                                                      |                  |  |  |

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any Comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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| <b>{</b>                              | MAY 2 2 2002                 | Application Number                                | 10/053,129                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
| \                                     | ORNEYOR                      | Filing Date                                       | November 13, 2001                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
|                                       |                              | First Named Inventor                              | YOSHITERU HATASE ET. AL.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
| POWER OF ATT                          |                              | Title                                             | FABRICATED RESIN PRODUCTS FOR LASER WELDING AND INCLUDING TRANSMITTING AND ABSORBING BLAC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
|                                       |                              | Group Art Unit                                    | 1725                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |
|                                       |                              | Examiner Name                                     | UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |
|                                       |                              | Attorney Docket Number                            | er AD 6761 US NA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
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| I hereby appoint:  Practitioners at 0 | Customer Number              | 23906                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
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| Practitioners at (                    | Customer Number              |                                                   | PATENT TRADEMARK OFFICE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |
|                                       | Name                         |                                                   | Registration Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
|                                       | William H. Hai               |                                                   | 31,521                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
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|                                       |                              | cute the application idea of the connected therew | ntified above, and to transact all business in ith.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| Please change the                     | correspondence addr          | ess for the above-ident                           | tified application to:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
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| Firm or Individual Name               |                              |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
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| City                                  |                              | Sta                                               | ate Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |
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| Telephone                             |                              | Fa                                                | ax .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |
| I am the:                             |                              |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| ✓ Applicant/Inven                     | itor.                        |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
|                                       |                              | est. See 37 CFR 3.71<br>enclosed. (Form PTO/S     | SB/96).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |
|                                       | SIGNATURE                    | of Applicant or Assig                             | nee of Record                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| Name                                  | Reiko Koshida                |                                                   | -<br>-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
| Signature                             | Reiler Korn -                |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| Date                                  | April 15, 2002               |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
|                                       | ventors or assignees of reco |                                                   | eir representative(s) are required. Submit multiple forms                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| more than one signature is requ       |                              |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| *Total of form                        | ns are submitted.            |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |

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| Please type a plus sign (Exhibition pox                                                                 | — <b>—</b> [ <u>T</u> ]                              | PTO/SB/81/(02-01) Approved for use through 10/31/2002. OMB 0651-0039                                                                 |  |  |
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|                                                                                                         | of 1995, no persons are required to                  | S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCI a collection of information unless it display a valid OMB control number |  |  |
| MAY 2 2 2002                                                                                            | Application Number                                   | 10/053,129                                                                                                                           |  |  |
| \$                                                                                                      | Filing Date                                          | November 13, 2001                                                                                                                    |  |  |
| THE WAY SETTING                                                                                         | First Named Inventor                                 | YOSHITERU HATASE ET. AL.                                                                                                             |  |  |
| POWER OF ATTORNEY OR<br>AUTHORIZATION OF AGENT                                                          | Title                                                | FABRICATED RESIN PRODUCTS FOR LASER WELDING AND INCLUDING TRANSMITTING AND ABSORBING BLACK                                           |  |  |
|                                                                                                         | Group Art Unit                                       | 1725                                                                                                                                 |  |  |
|                                                                                                         | Examiner Name                                        | UNKNOWN                                                                                                                              |  |  |
|                                                                                                         | Attorney Docket Numl                                 | ber AD 6761 US NA                                                                                                                    |  |  |
|                                                                                                         |                                                      |                                                                                                                                      |  |  |
| Practitioners at Customer Number  OR  Practitioners at Customer Number                                  | 23906                                                | 23906 PATENT TRADEMARK OFFICE                                                                                                        |  |  |
| Name                                                                                                    | 9                                                    | Registration Number                                                                                                                  |  |  |
| William H. I                                                                                            | ····                                                 | 31,521                                                                                                                               |  |  |
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|                                                                                                         |                                                      |                                                                                                                                      |  |  |
| as my/our attorney(s) or agent(s) to pros<br>the United States Patent and Trademark                     | secute the application ide<br>Office connected there | entified above, and to transact all business in with.                                                                                |  |  |
| Please change the correspondence ad                                                                     | Idress for the above-ide                             | ntified application to:                                                                                                              |  |  |
| The above-mentioned Customer Nu                                                                         |                                                      |                                                                                                                                      |  |  |
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| Practitioners at Customer Number                                                                        |                                                      |                                                                                                                                      |  |  |
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| City                                                                                                    | S                                                    | State Zip                                                                                                                            |  |  |
| Country                                                                                                 |                                                      |                                                                                                                                      |  |  |
| Telephone                                                                                               | F                                                    | Fax                                                                                                                                  |  |  |
| I am the:  Applicant/Inventor.  Assignee of record of the entire int  Statement under 37 CFR 3.73(b) is | erest. See 37 CFR 3.7's enclosed. (Form PTO)         | 1<br>(SB/96).                                                                                                                        |  |  |
|                                                                                                         | RE of Applicant or Assi                              |                                                                                                                                      |  |  |
| Name Ryuichi Hayashi                                                                                    |                                                      |                                                                                                                                      |  |  |
| Signature Run - Lifty                                                                                   | Rug-Liffyal-                                         |                                                                                                                                      |  |  |
| Date Am 9th                                                                                             | ,2002                                                |                                                                                                                                      |  |  |
| NOTE: Signatures of all the inventors or assignees of more than one signature is required, see below.   | ecord of the entire interest or the                  | heir representative(s) are required. Submit multiple forms if                                                                        |  |  |
| *Total offorms are submitted.                                                                           |                                                      |                                                                                                                                      |  |  |

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